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Doc Code:

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PTO/SB/17 (12-04/2)
Approved for use through 07/31/2006, OMB 0851-0032
Patent and Tredemark Office: U.S. DEPARTMENT OF COMMERCE objection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.				Complete if Known				
Fees pursuant to the Consolidated Appropriations Act, 2005 (HLR. 4818).				Application Number	10/620,409			
FEE TRANSMITTAL				Filing Date	July 15,	15, 2003		
for FY 2005				First Named Inventor	Robert	Robert A. Matousek		
				Examiner Name	Nathan Scott Mammen			
Applicant claims small entity status. See 37 CFR 1.27			.27	Art Unit	3671	3671		
TOTAL AMOUNT OF	AYMENT	(\$) \$12	0.00	Attorney Docket No.	17237			
METHOD OF PAYMEN	IT (check all t	hat apply)						
Check C Credit	Card D N	Noney Order	Non	e Other ple	ese identity):			
Deposit Dep	osit Account i	Number:	03-1025	Deposit Acco	ount Name:	CNELA	merica LLC	
For this above-identified	deposit account	t, the Director is tw	ereby auti	horized to: (check all that	epply)			
	fee(s) indicated	below	•	Charge fee	(s) Indicated	below, except for t	the Cling for	
		oc(s) or any under						
(eets) (WARNING: Information on Information and authorizati	nder 37 CFR 1.	bacome public. C	redit ca	rå information should n	ot be includ	led on this form.	Provide credit card	
FEE CALCULATION	311 ON P10-200							
1. BASIC FILING, SEAF	CH. AND EX	AMINATION FE	£S					
I. DANIO FILLIO, CENT	CH FEES	EXAMIN	ATION FEES					
	C - 00	Small Entity	Fee (\$)	Small Entity Fee (S)	Equ. (S)	Small Entity Fee (1)	Fees Paid(8)	
Application Type	300	<u>Fer (\$)</u> 150	500	250	200	100		
Utility	200	100	100	50	130	65		
Design	200	100	300	150	160	80 .		
Plant	300	150	500	250	600	300		
Reissue	200	100	0	0	0	0		
Provisional			_	-			Small Entity	
2. EXCESS CLAIM FEE	8				٠	Fee (5)	Fee (\$)	
Fee Description						50	25	
Each daim over 20 (Including Reissues) Each independent claim over 3 (Including Reissues)						200	100	
Multiple dependent claims Multiple dependent claims						360	160	
introduce coherine	-			7			Dependent Claims	
Total Claims	Extra Clain			Fee Paid (\$)		Fee [5]	Foo Paid (\$)	
20 or HP	=		50.00	=				
HP = highest number of total	claims pold for	. If greater than 20) .	Fee Pald (5)				
ndea. Chims -3 or HP	Extra Clain		00.00	=	•			
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3. APPLICATION SIZE	FEE			dan ak atau aka eta ala	ally Glad car	ALMSDCA AT COM	nuter listing under	
If the specification and o	irawings exce exication size	ed 100 sheets of fee due is \$250	of paper (\$125 f	or small entity) for each	any med se ch additiona	a 60 sheets or	fraction thereof.	
Sed 35 U.S.C. 41(a)(1)(Total Sheets	G) and 37 CF Extra Bh			each additional 50 or f	raction there	eof Ego IS	Foo Paid (S)	
-100	=0_	/50	0_	(round up to a	Whole	× _5250.00)_ =	
4. OTHER FEE(S)	m \$120 for	(no small entit	v disaa	unti ·				
Non-English specification Other (e.g., late filing su	rcharge): Pet	One-Month Ex	rtension	(5120)			\$120.00	
SUBMITTED BY		7				7		
Signature	Brans	Alaures		Registration No.	53,285	Telephone	262-636-5368	
Name (Print/Type)		Bras	nt T. Ma	urer		Date	August 18, 2005	
		Bras	nt T. Ma ne informated by 35 completed this form	(Anismey/Acent)		Date	August 18, 20	

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